

Michigan School Readiness Program/ Parent Involvement and Education



MSRP/PI E

WELCOME

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Great Parents, Great Start



ASAP-PIE :

- A 45 million dollar grant program funded annually for two years
- Found in 23 of Michigan's intermediate school districts
- A community collaborative effort serving families
- Still operates in 16 ISD districts with limited carry over funds



Which districts/counties received ASAP-PIE funds? (listed in order from most children aged 0-5 to least children)

- Macomb (61,805 children)
- Genesee
- Washtenaw
- Ingham
- Saginaw
- St. Clair
- Traverse Bay Area (5 counties)
- Calhoun
- Allegan (done)
- Eaton
- Midland
- Van Buren
- Shiawasee
- St. Joseph (done)
- Ionia
- Mecosta-Osceola
- Cheboygan-Presque Isle-Otsego
- Charlevoix-Emmet
- Lewis Cass (done)
- Wexford-Missaukee (done)
- Branch
- Copper Country
- Dickinson-Iron (2,554 children)

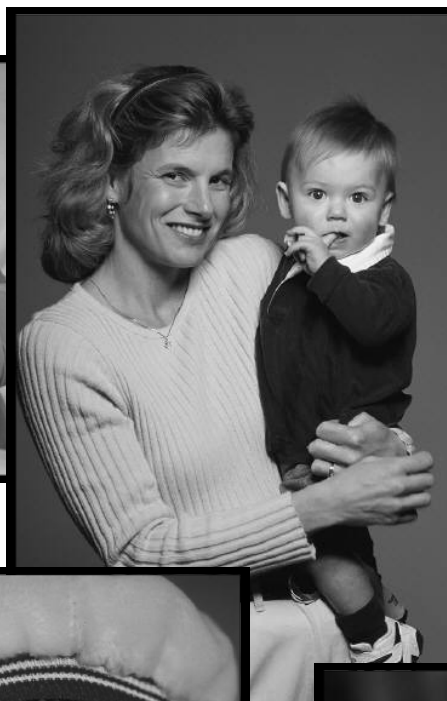
ASAP – P I E Program

Focus On

- Strengthening parents' positive involvement...
- Knowledge and education regarding their children



Who does ASAP-PIE Serve?





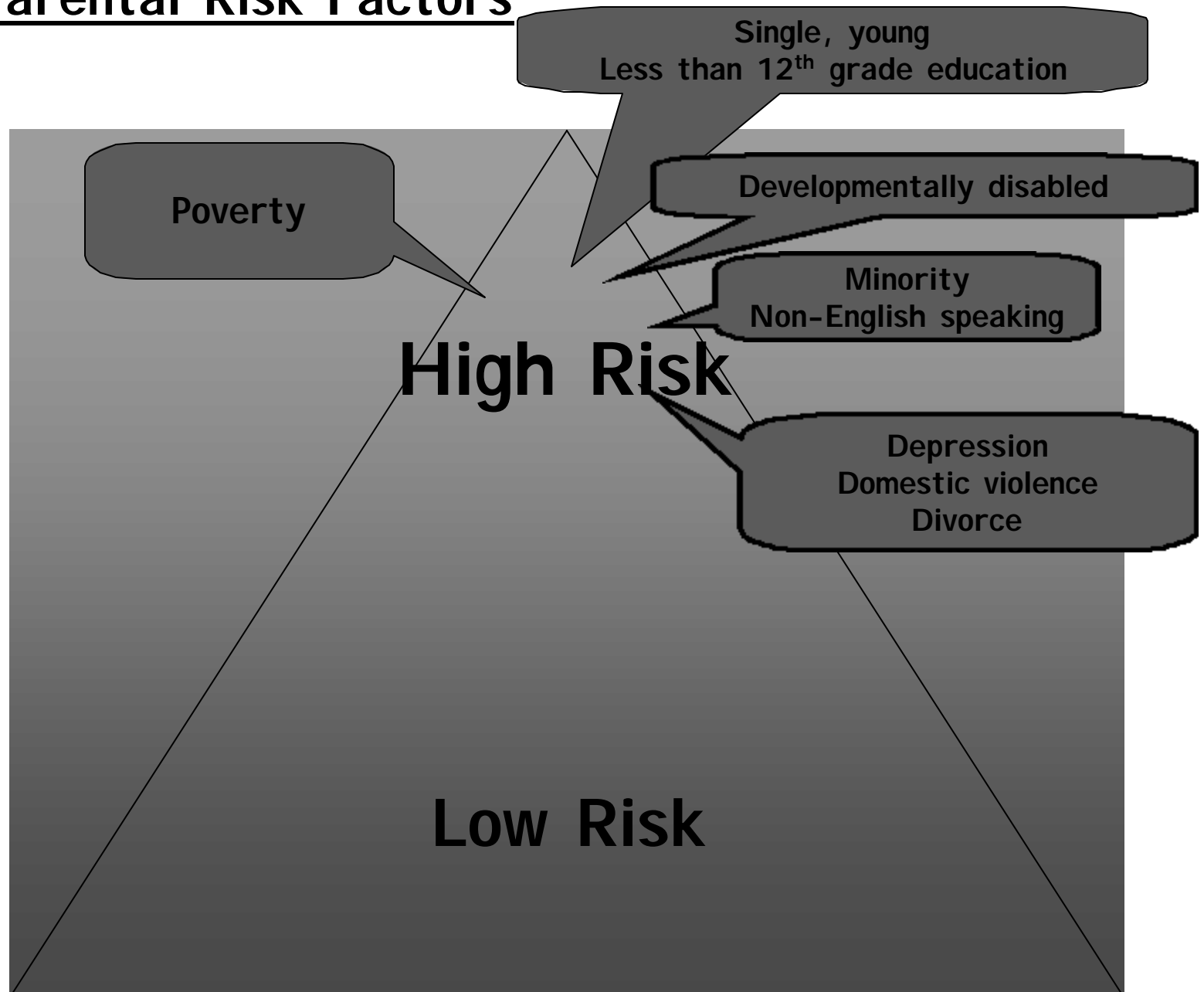
ASAP-PIE serves:

Parents with children, birth to five years old (kindergarten age)

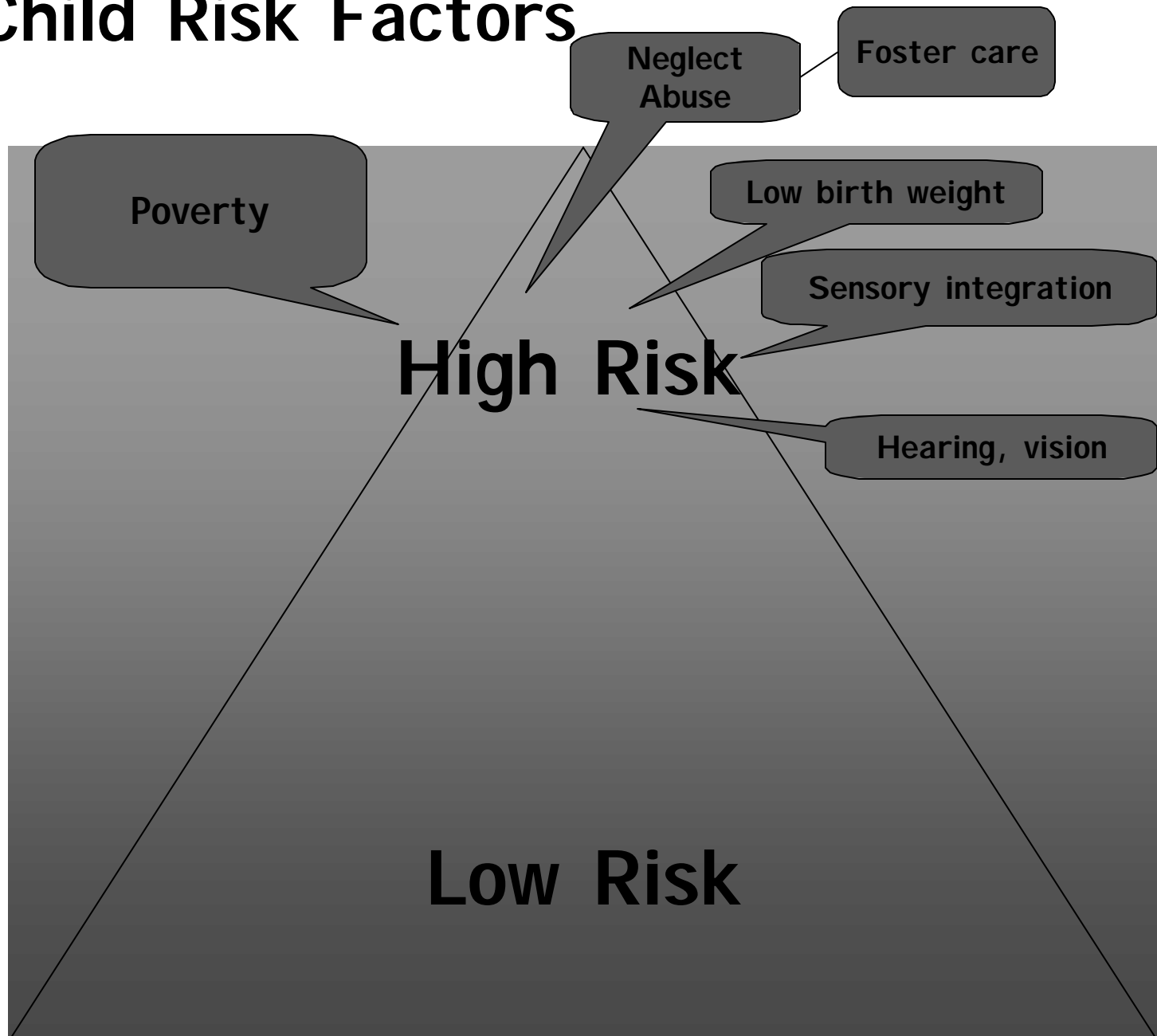
PIE cannot provide services to parents prior to the child's birth or once the child is eligible for kindergarten.
(five on or before December 1)



Parental Risk Factors



Child Risk Factors





We have learned that with a universal focus on “all” children

- **Services can be offered from an asset model vs. a risk or deficit model**
- **The result was greater parental willingness to take part in the program**
- **Families prefer not be viewed by way of a deficient label or as having a problem**

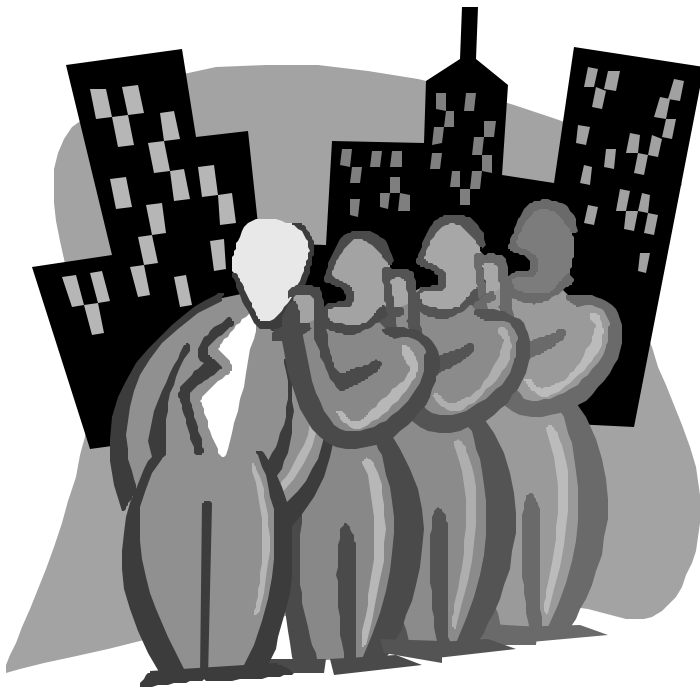


Community Collaboration:

The program must be a community effort.

It can not be an ISD or LEA alone.

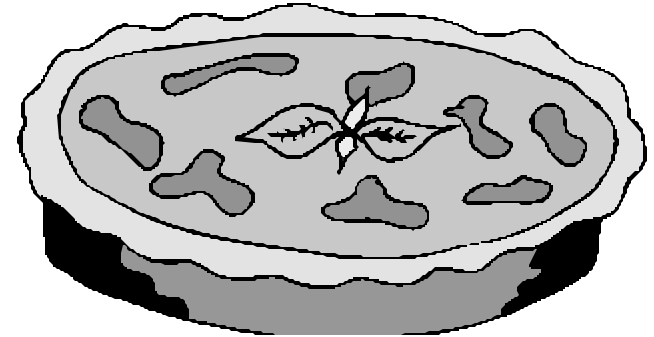
Grantees Were Required Not To Duplicate Or Supplant Existing Services And To Engage In Community Collaboration With:




- **Schools**
- **Multi-Purpose Collaborative Bodies**
- **Community Agencies/Organizations (FIA, Public Health, Mental Health, and Private Non Profit)**
- **Parents**

The Key Pieces Of The PIE

1. Home Visiting
2. Parent Meetings
3. Child Screenings (Health, Vision, Hearing, and Developmental)
4. Community Resource Network
5. Access to Quality Preschool
6. MPCB and ISD
7. Written plan for delivery



Each program component
must...

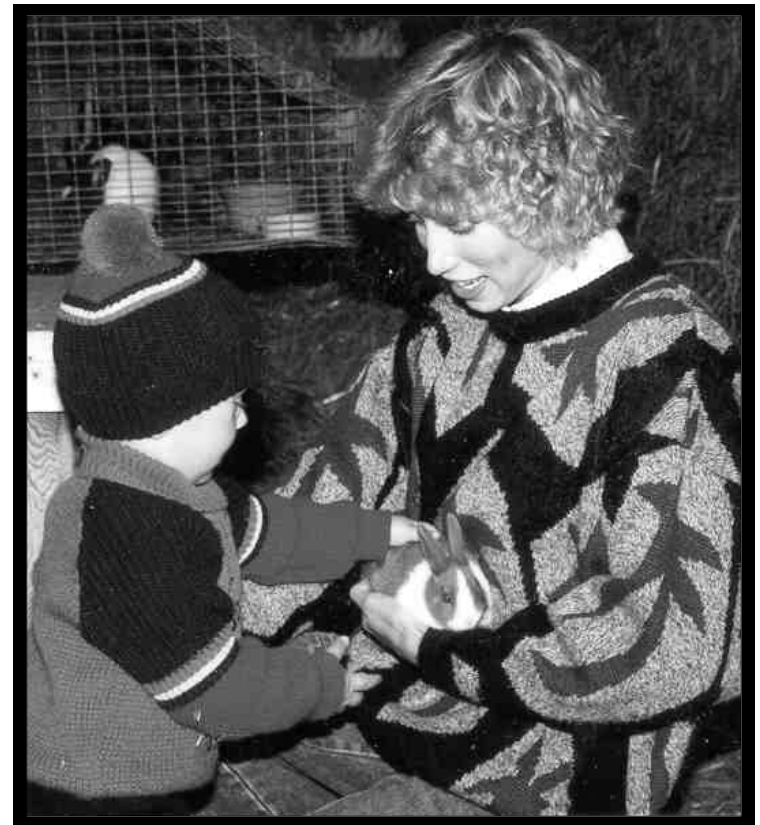


**utilize the most current
validated research based
methods and curriculum.**

Home Visiting

- Visits must be delivered by parent educators trained in child development

(birth to five normal development)





Going Beyond Parents As Teachers (PAT)

Other home visiting models

- Building Strong Families
- Infant Mental Health Services
- Nurse Home Visiting
- Healthy Families America
- Etc.

that focus on the parents of children,
birth to five years of age

Parent Meetings

- Parent/child groups lead by a parent educator
- Parent Meetings without children lead by a parent educator





Screening of Children

Areas include:

- Health (general health, and may also cover lead and/or dental)
- Vision
- Hearing
- Developmental



For Screening, We Have Found The Following Misinformation Exists :

- **All preschool children are screened for vision and hearing by the health department.**
Children cared for at home or in another person's home generally aren't screened before kindergarten.
- **A child needs to have language before a vision screen can be done.**
New technology exists to screen infant and toddler eyes before language development.



Misinformation Exists :

- **All infant and toddlers have received a newborn hearing screen.**

Across the state, Michigan's newborns have been tested for profound hearing loss in both ears only in the last two years.

- **If a child has passed a newborn hearing screen, their hearing is fine.**

Hearing loss in one ear or later loss due to ear infections is not addressed at the newborn screen.

Misinformation . . .

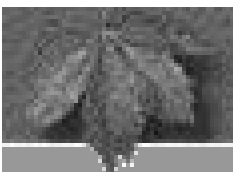
- Home visiting curriculum's screening instruments provide thorough and accurate vision and hearing screens when done in a home setting.
- Screens will tell you if there is a problem.





We know . . .

- Parents are willing to have their children screened to “prevent later difficulties”—at fairs, malls, Target, etc.
- Dental health and lead screens are important to include in community screening initiatives—Both can have long term effects on children.



**A Community Resource
Network that provides
referrals to state, local and
private agencies to assist
parents in preparing their
children for academic
success and to foster stable
families**



Access and Referrals to Community Services

Needs to be more than

- a referral to another agency
- handing out a booklet of community resources
- a list of district and ISD services

Connections to Quality Preschools



**Every PIE grantee had difficulty
with this piece---Why do you
think?**

Connections to Quality Preschools

Must be a
connection for all
children –not just
MSRP and Head
Start children



Quality Preschools

- Communities need education as to what quality really is
- Recognized tools should be the starting point to objectively assess which programs are quality





PIE Is Not . . .

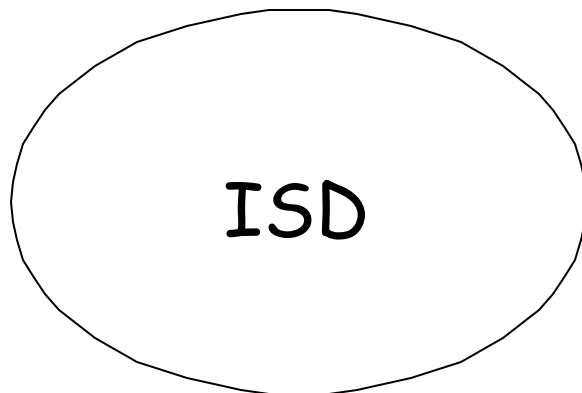
- A way to supplement to MSRP's parent involvement requirement
- Parent conferences
- A literacy only program
- More classroom aides
- New playground equipment
- Teaching parents school routines prior to kindergarten
- A crash preschool class the summer before kindergarten
- Purchasing cars
- Working with day care homes

Organizational Models

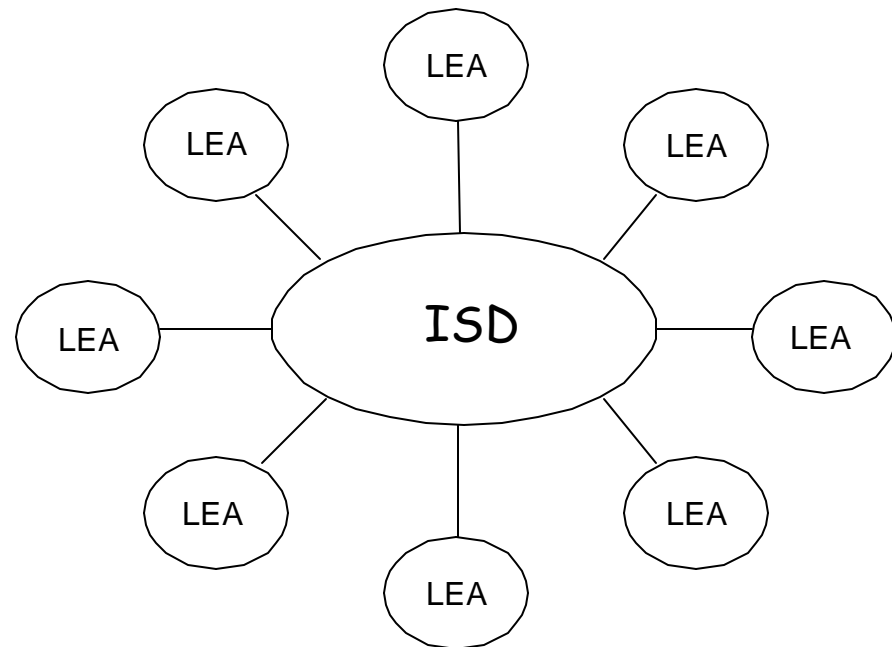
That make a difference in child
outcomes...

Education System Approaches

Model A - ISD
ISD provides services

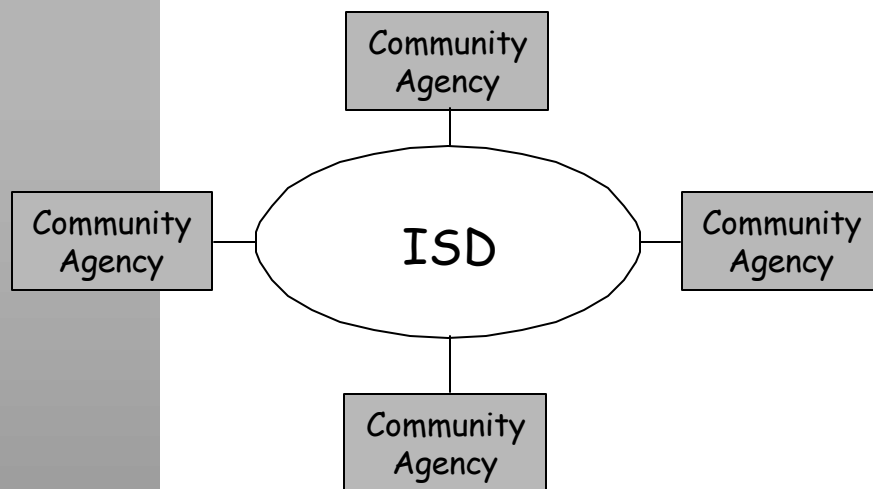


Model B - LEA
LEAs provide services

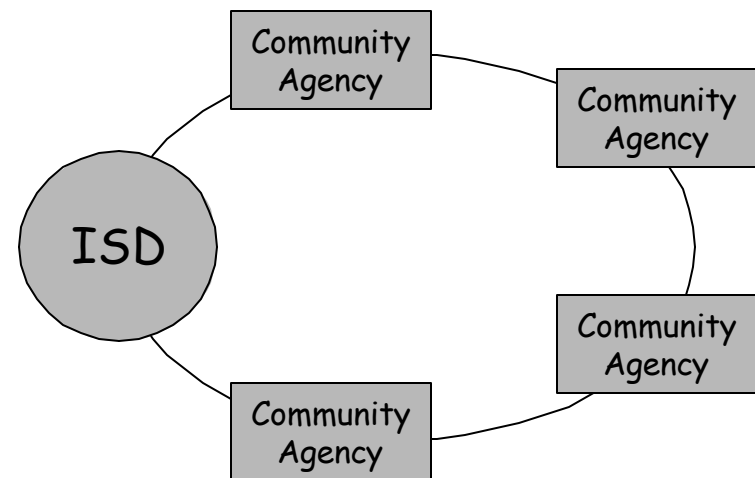


Community-based approaches

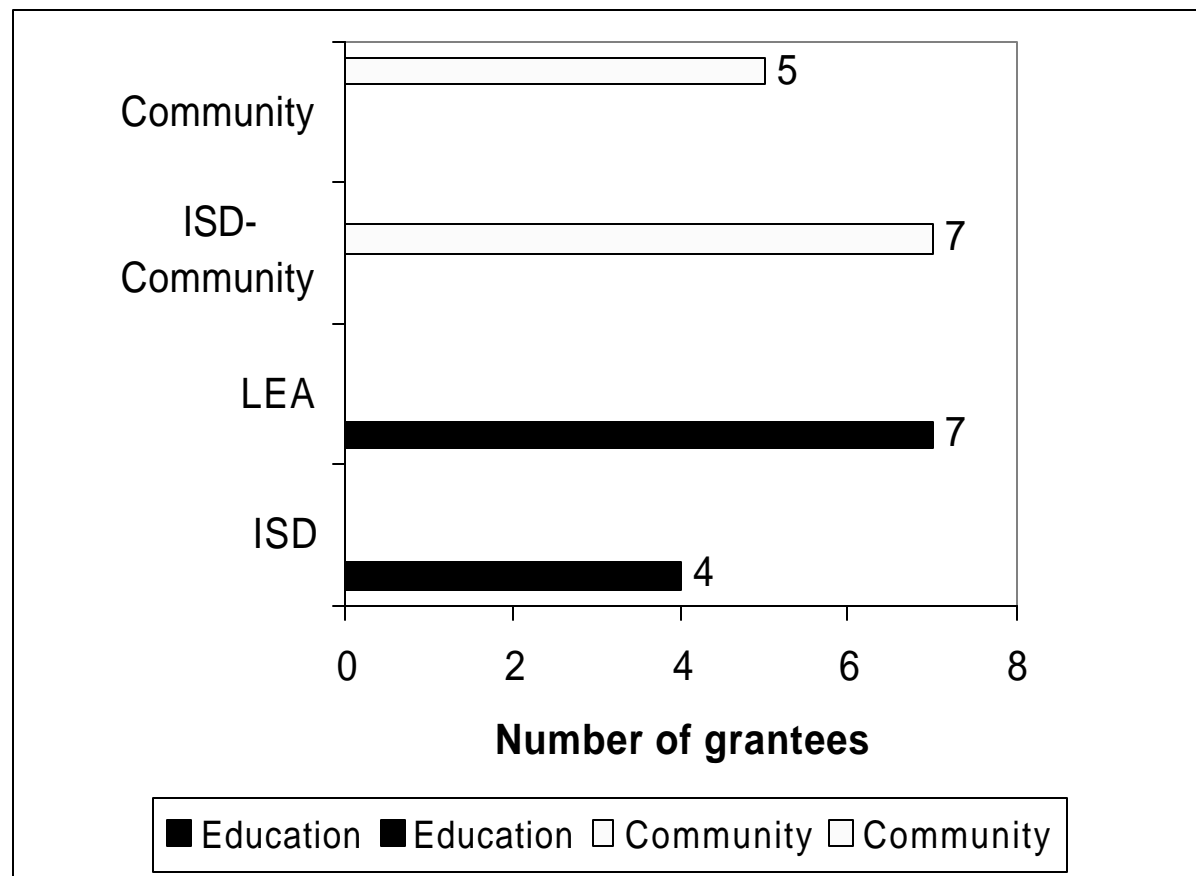
**Model C - ISD-
Community**
Expanding existing
agency services



Model D - Community
Developing a
collaborative
community structure



Frequency of Grantees' Use of each Model





Difference between the two models

- Education models tended to serve older preschoolers while community models emphasized serving younger children.
- Community models spent the least amount of funds per child. Education models spent the most per child.
- Education models were the most likely to use parent/child playgroups and parent education meetings.



Benefits to children were not the same between models

- Children served in programs using the **community model** were more likely to improve in communication and problem solving than children enrolled with grantees using other models.

(As demonstrated using the *Ages & Stages Questionnaire*)

- Children enrolled in a **community model** were twice as likely to show improvement on at least one subscale of the ASQ as children enrolled in education models.

Home Visiting

Children who
had home
visits were
more likely to
have better
outcomes.



Home Visiting

The more home visits given to a family with a child with development delays, the more likely the child's communication and fine motor skills will improve.



Home Visiting

In many families, the father is the key decision maker of whether the mother and child can participate---making it critical to reach out to fathers for their support.





Parent-Child Groups Attracted Families With:

- One or fewer risks
- An average income of \$60,000
- Two parents
- Higher levels of education
- English speaking
- The same residence for over a year



Parent-Child Groups

- Children who participated in playgroups showed improvements in personal-social and problem solving skills but not in other areas of development.



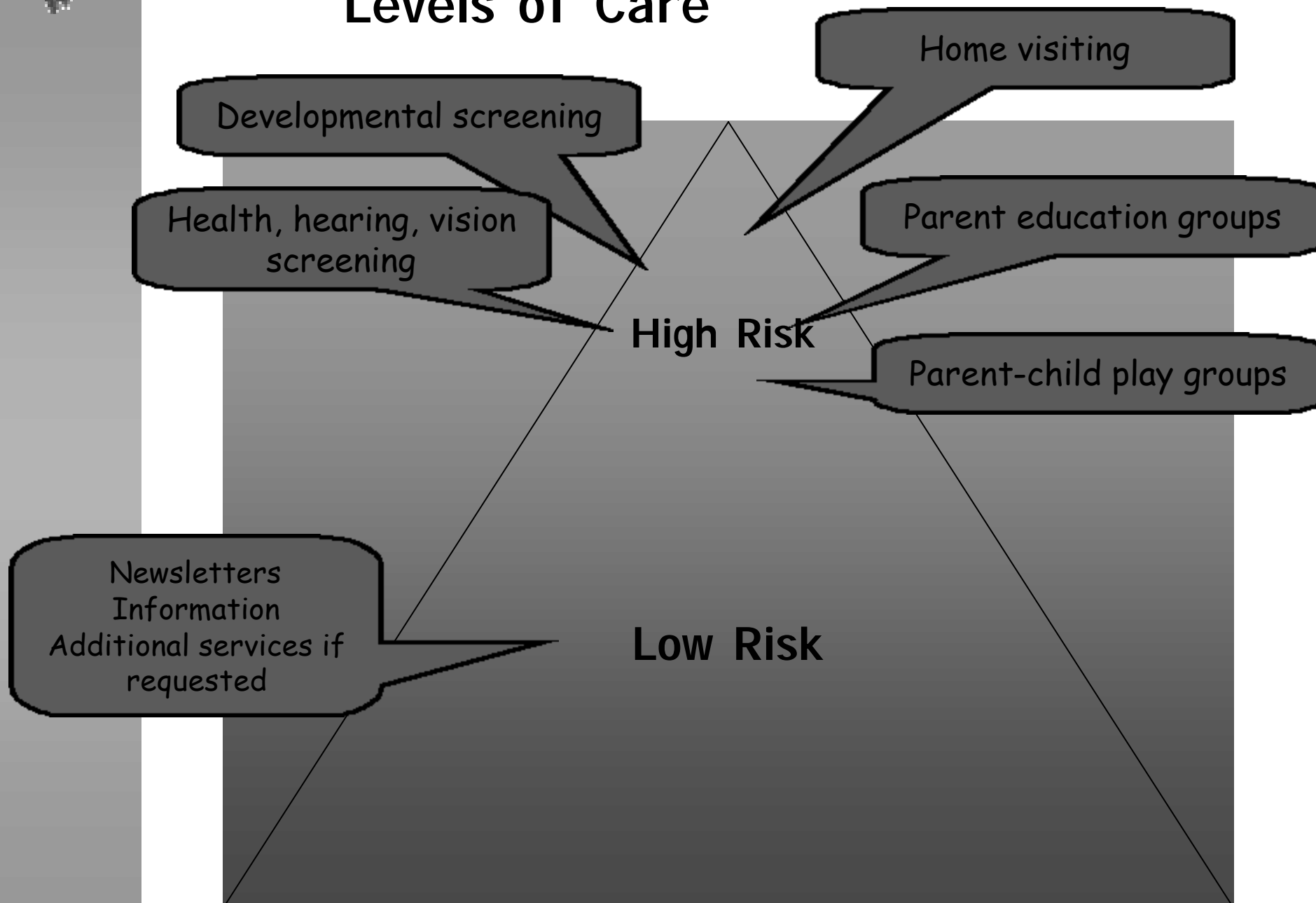
Parent Meetings

- Tended to be single sessions on different topics with no sequence or flow.
- Least likely to be attended by parents.
- Most parents only attended one to three meetings.
- Best to offer a series of meetings with a planned curriculum and enrollment.

Dosage Makes a Difference in Child Outcomes

One to two visits/playgroups/parent education meetings are not enough to change parent behavior and improve outcomes for children.

Levels of Care

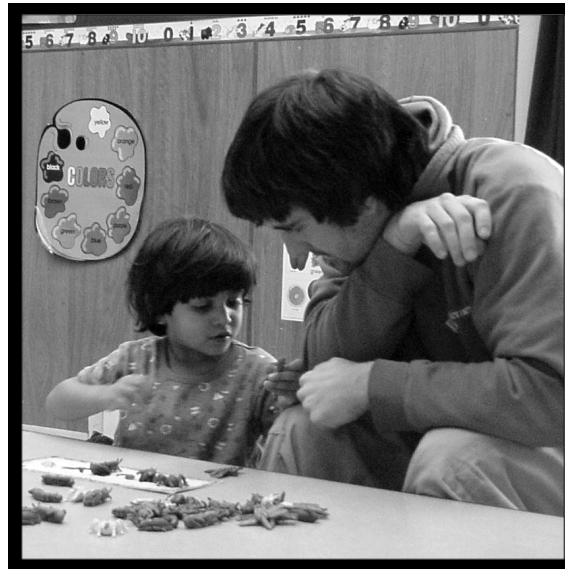




Children Benefited From Multiple Core Services

Home Visits and Playgroups	3 times more likely to pass second assessment
Home Visits, Playgroups, and Parent Meetings	2.7 times more likely to pass second assessment
Home Visits and Parent Meetings	Some improvement but not statistically significant

Questions to ask before a decision is made for MSRP or PIE



1. How can you best make the biggest difference for children's school readiness for the children who need it the most?

Questions to ask . . .



2. Given the amount of money you have for PIE, do you have trained staff to provide all five components?

Questions to ask . . .



3. Do you have in place a true collaborative community partnership that goes beyond referrals and cooperation?

Questions to ask . . .



4. Are you ready to provide universal services in collaboration with the greater community?

Questions to ask . . .



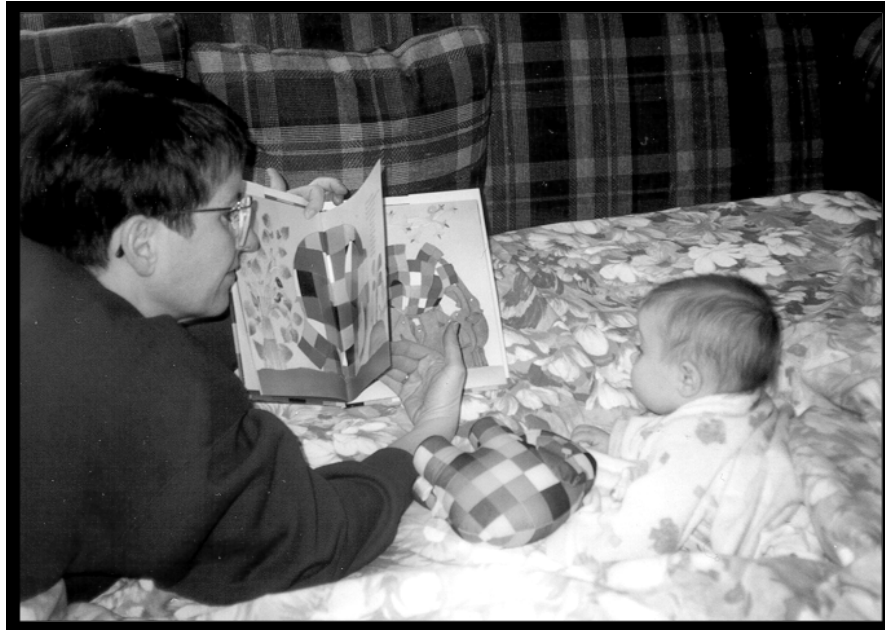
5. Can you provide the level of dosage needed to make a difference in children outcomes as compared to the difference you can make with a MSRP classroom program?

Questions to ask . . .



6. Can you provide a system of service levels that assures families with higher risks receive needed services?

Questions to ask . . .



7. Are you ready to change from the children being your students to respecting and engaging the parents as your learners?

Questions to ask . . .

If you decide to provide PIE like activities—Have you seriously considered having these services provided through your ISD/RESA and having them linked to Great Parents?





Thank you!!

- For more information please contact
the Office of Early Childhood
and
Family Services
(517) 373-8483